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INFECTION OFFICE OF
HEALTH CARE ACCESS

August 2, 2004

Honorable Cristine A. Vogel
Commissioner
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
PO Box 340308
Hartford, CT 06134-0308

RE: Letter of Intent – Emergency Department Renovation & Expansion Project

Dear Commissioner Vogel,

Pursuant to the applicable Connecticut general statutes and regulations, Bridgeport Hospital is pleased to submit the enclosed Letter of Intent for its Emergency Department Renovation and Expansion Project. The Bridgeport Hospital Emergency Department provides general and fast track, chest pain, trauma, psychiatric, and pediatric services to residents in the Greater Bridgeport Community. The current facility built in 1979 was designed to accommodate approximately 30,000 visits. Although the department has been renovated since that time, there are inherent limitations to the design.

The proposal includes a nearly 10,000 square foot increase over the existing space, an expanded designated parking area including a patient drop off area, an expanded lobby and reception area, and a spacious design to separate and treat special need populations. The total capital cost associated with this project will be \$ 15,000,000 dollars. The hospital is respectfully asking the Office of Health Care Access to consider granting a waiver from the Certificate of Need (CON).

Thank you for your consideration.

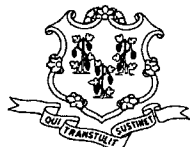
Sincerely,

Augusta S. Mueller
Director, Planning

Enclosure

Cc: C. Winn

267 Grant Street
P.O. Box 5000
Bridgeport, CT 06610-0120
203.384.3000



State of Connecticut

Office of Health Care Access

Letter of Intent/Waiver Form

Form 2030

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One
Full legal name	Bridgeport Hospital
Doing Business As	Bridgeport Hospital
Name of Parent Corporation	Bridgeport Hospital & Healthcare Services, Inc.
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	267 Grant Street Bridgeport, CT 06610
Applicant type (e.g., profit/non-profit)	Non-profit
Contact person, including title or position	Augusta S. Mueller Director, Planning
Contact person's street mailing address	267 Grant Street PO Box 5000 Bridgeport, CT 06610
Contact person's phone #, fax # and e-mail address	p) 203.384.3126 f) 203.384.3968 e) kamuel@bpthosp.org

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Emergency Department Renovation & Expansion Project

b. Type of Proposal, please check all that apply:

☒ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

☐ New (F, S, Fnc)

☐ Replacement

☐ Additional (F, S, Fnc)

☒ Expansion (F, S, Fnc)

☐ Relocation

☐ Service Termination

☐ Bed Addition

☐ Bed Reduction

☐ Change in Ownership/Control

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

☐ New

☐ Replacement

☐ Major Medical

☐ Imaging

☐ Linear Accelerator

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

267 Grant Street; Bridgeport, CT 06610

d. List all the municipalities this project is intended to serve:

Please refer to Attachment I for a copy of the service area map, municipalities include Ansonia, Bethel, Bridgeport, Derby, Easton, Fairfield, Milford, Monroe, Newtown, Orange, Redding, Seymour, Shelton, Stratford, Trumbull, Weston, Westport, and Wilton

- e. Estimated starting date for the project: **March 2005**
- f. Type of project: **8, 25, 27, 29, 31** (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

Not Applicable

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: **\$ 15,000,000**
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$ 14,000,000
Medical Equipment (Purchase)	1,000,000
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$ 15,000,000
Fair Market Value of Leased Equipment	
Total Capital Cost	\$ 15,000,000

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

Not Applicable

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity ☐ Lease Financing ☐ Conventional Loan
☐ Charitable Contributions ☐ CHEFA Financing ☐ Grant Funding
☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

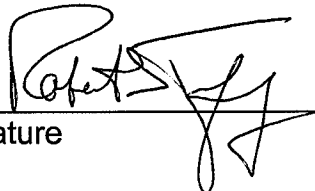
Applicant: **Bridgeport Hospital**

Project Title: **ED Expansion & Renovation Project**

I, **Robert J. Trefry**, **President & CEO**
(Name) (Position – CEO or CFO)

of **Bridgeport Hospital** being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that **Bridgeport Hospital** complies with the appropriate and (Facility Name)

applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.


Signature Date 7/29/04

Subscribed and sworn to before me on 7/29/04


Notary Public/Commissioner of Superior Court

My commission expires: **SUSAN CASTAGNA**
NOTARY PUBLIC
My Commission Expires Jan. 31, 2005

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Amuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

SECTION IV. PROJECT DESCRIPTION

Bridgeport Hospital is a full service acute care community teaching hospital that offers more than 60 sub-specialties. It is the site of Fairfield County's only Level One Trauma Center and is the only specialized burn care facility between New York and Boston. Other specialties at Bridgeport Hospital include the Heart Institute, the Norma F. Pfriem Cancer Center, the Norma F. Pfriem Breast Care Center, the Birthplace, the P.T. Barnum Pediatric Center, including a Pediatric Intensive Care Unit, the Pediatric Asthma Center and a Children's Emergency Center, the Joint Reconstruction Center, advanced neurosurgical services, mental health services including inpatient care, a 24-hour emergency crisis service, geriatric assessment service and day hospital programs, Bloodless Medicine and Surgery Program and occupational health programs for area employers. A copy of Bridgeport Hospital's Department of Public Health (DPH) License is presented in Attachment II.

The Bridgeport Hospital Emergency Department provides general and fast track, chest pain, trauma, psychiatric, and pediatric services to residents in the Greater Bridgeport community. Over the last several years, the emergency department volume has averaged approximately 60,000 visits per year including both treated and admitted patients. The current facility built in 1979 was designed to accommodate approximately 30,000 visits. Although the department has been renovated since that time, there are inherent limitations to the design. These limitations include lack of privacy for patients, over crowded conditions at peak times, lack of flexibility or compartmentalization of service areas, lack of sufficient isolation areas, limited parking, and deficiencies in handling surge capacity. A four-year renovation and expansion project is proposed to address these issues. The total capital cost associated with this project will be approximately \$15.0 million dollars.

The proposal includes nearly a 10,000 square foot increase over the existing space, an expanded designated parking area including a patient drop off areas, an expanded lobby and reception area, and a spacious design to separate and treat special need populations. An additional 12-beds will be added to the existing 40-bed capacity in treatment areas including pediatrics, fast track, acute treatment, decontamination, seclusion, sobriety, and triage areas.

The proposal is for an existing service, and the target population is those residents within the Hospital's service area. In addition to Bridgeport Hospital, existing emergency services providers in the proposed geographic area include St. Vincent's Medical Center, Milford Hospital, and Griffin Hospital. The expansion and renovation project will have no effect on the health care delivery system in the State of Connecticut. The Bridgeport Hospital payer mix is not expected to change as a result of the service.

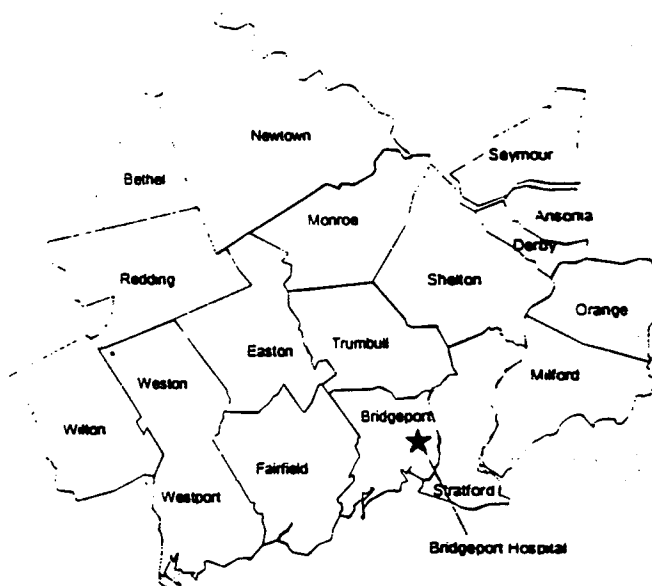
Listing of Attachments

Attachment	Description
I	Bridgeport Hospital Service Area Map
II	Department of Public Health License

Attachment I

Bridgeport Hospital Service Area Map

Bridgeport Hospital Service Area



Attachment II

Department of Public Health License

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0040

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Bridgeport Hospital Inc. of Bridgeport, CT, d/b/a Bridgeport Hospital is hereby licensed to maintain and operate a General Hospital.

Bridgeport Hospital is located at 267 Grant Street, Bridgeport, CT 06610

The maximum number of beds shall not exceed at any time:

30 Bassinets

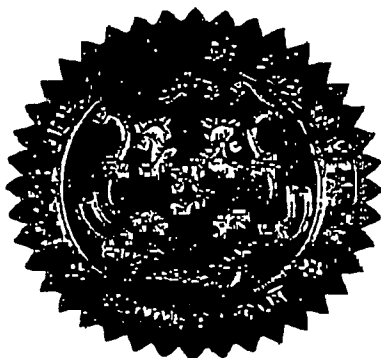
395 General Hospital beds

This license expires March 31, 2006 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2004. RENEWAL.

Satellites

Geriatric Partial Hospital, 305 Boston Avenue, Stratford, CT
Child Partial Hospital, 305 Boston Avenue, Stratford, CT
Bridgeport Hospital Primary Care Center, 226 Mill Hill Avenue, Bridgeport, CT
Bridgeport Hospital Industrial Medicine Center, 226 Mill Hill Avenue, Bridgeport, CT
Psychiatric Adult Partial Hospital Program, 305 Boston Avenue, Stratford, CT
Park City OB-GYN Clinic, 64 Black Rock Avenue, Bridgeport, CT



J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner